S. No. 2
1—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24516

Registration District No. 85 Primary Registration District No. 1001 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: On sidewalk in front of home 2741 Lafayette (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community 2 months 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan 011

(c) City or town St. Joseph 1 (If outside city or town limits, write "RURAL") 7

(d) Street No. 2741 Lafayette (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ORRIE E. GOOKINS

3. (b) If veteran, name war none

3. (c) Social Security No. 703-03-8385

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Laverna Gookins

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased April (Month) 5th. (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	2	27	..... hr. ..... min.

9. Birthplace Rippley County (City, town, or county) Ind. 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business K.C. Terminal R.R.

FATHER
12. Name Orren Gookins
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Orrie E. Gookins Jr.

(b) Address 3015 Penn St. Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7--5--41 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill K.C. Mo.

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St. Joseph, Mo.

19. (a) 7/4/41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1941 hour 4 minute 00 P M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on July 2 1941 to ..... 19....; that I last saw ~~him~~ ~~alive~~ ..... 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 day.
Due to General arteriosclerosis	2 yrs
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy no	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature H F Mundy (M.D. or other) M.D. Coroner

Address 404 So 3d St Date signed 7/2/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Leo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.